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P10/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
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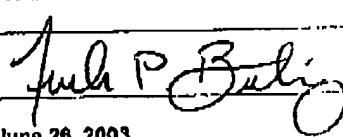
(to be used for all correspondence after initial filing)

		Application Number	10/043,657
		Filing Date	January 8, 2002
		Confirmation Number	6012
		First Named Inventor	SKILLERN, JEFF
		Group Art Unit	3727
		Examiner Name	BREVARD, MAERENA W.
Total Number of Pages in This Submission	8	Attorney Docket Number	SKIL-001CON

ENCLOSURES (check all that apply)

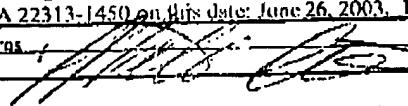
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
IN DUPLICATE	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Supplemental Amendment	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.63		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	FRANK P. BECKING, Reg. No. 42,309
Signature	
Date	June 26, 2003

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.6(d) and 1.8(a)(1)(b) addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date June 26, 2003. For Examiner Maerena W. Brevard

Typed or printed name	Marilyn Cisneros	Date	June 26, 2003
Signature			

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PTO/SB/17 (05-03)

Approved for use through 04/30/2003, OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 42.00)

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None Deposit Account:

Deposit Account Number 50-0815

Deposit Account Name Bozicevic, Field & Francis LLP

The Commissioner authorized to: (check all that apply)
 Charge fees indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fees indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001	750	2001 375 Utility filing fee	
1002	330	2002 165 Design filing fee	
1003	520	2003 260 Plant filing fee	
1004	750	2004 375 Reissue filing fee	
1005	160	2005 80 Provisional filing fee	

SUBTOTAL (1)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	x	=	Fee from below	Fee Paid
13	-20** =	x	=		
Indep. Claims	1	-3** = 1	x 42.00	= 42.00	
Multiple Dependent			=		

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202	10	2202 9 Claim in excess of 20	
1201	84	2201 42 Independent claims in excess of 3	
1203	280	2203 140 Multiple dependent claim, if not paid	
1204	84	2204 42 ** Reissue independent claims over original patent	
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) \$ 42.00

** or number previously paid, if greater; For Reissues, see above.

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type)	Frank P. Becking	Registration No. (Attorney/Agent)	42,309	Telephone ..	(650) 327-3400
Signature	Frank P. Becking			Date	06/26/2003

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